Stage 2 Settlement Pack and Response to Settlement Pack (EPL5)

Low value personal injury claims in employers' liability and public liability (£1,000 - £25,000)

Defendant's full name
Defendant's representative
Contact details
Firm or Company name
Contact name
Telephone number
E-mail address
Reference number
Date of compensator 1st offer
Date of reply to claimant
Date of reply to claimant

Stage 2 Settlement Pack and Response

Initial claimant offer						Initial de	nitial defendant response					
Loss	Claim item being pursued	Evidence attached	Comments	Value claimed	Interest	Gross value clamed	Is gross amount agreed?	Comments	Value offered	Interest	Gross value offered	Amount in dispute
	Yes/No											
PSLA												
Loss of earnings a) Claimant												
b) Employer												
Care/Services												
Fares (taxis, buses, tube, etc.)												
Medical expenses												
Clothing												
Disadvantage on the labour market												
Loss of congenial employment												
Other losses												
Future losses												
Total heads of damage claimed to date						Losses offered to date						
							CRU	deductions				
						Less	interim payment	t(s) received				
									Net value of o	offer to date		

Claimant's comments	Defendant's comments
Agreement reached Yes No	Date of agreement / / /
	Gross amount
	Loss intovina no mant(s) ve seived
	Less interim payment(s) received
	Agreed settlement
Ctatana ant of truth	
Statement of truth	
I am the claimant's legal representative. The of that the facts stated in this claim form are true authorised by the claimant to sign this stater	e. I am duly form are true.
Signed	Date
Position or office held (if signed on behalf of firm or company)	
I have retained a signed copy of this form inc	luding the statement of truth.